

## ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION CLAIM FOR LOW-INCOME ELECTRICITY CUSTOMERS SALES TAX EXEMPTION

## If your total household income exceeds \$12,000.00, you are not eligible to file this claim. If you are eligible for this exemption, you are exempt only on the tax on the first 500 kilowatt hours per month. A.C.A §26-52-416

Claimant's Name	Claimant's Social Security Nur	Claimant's Social Security Number		Electric Service Account Number	
Spouse's Name	Spouse's Social Security Num	per			
Address	City	Stat	e	Zip Code	
	tion, complete the income information bel n and are no longer eligible, please check tl				
Please itemize below all household income for previous calendar year:		I am no longer eligible for this exemption			
		I	ncome of Claimant	Income of Spouse	
Social Security Payments of all type	es *				
Veterans' pensions and disability p	ayments *				
Salaries or income from farm or sel	f-employment				
Railroad retirement benefits *					
Interest income					
Dividends					
Rent and royalties income					
Income from sale of realty, stocks, I	bonds				
Arkansas Teachers, Public Employees, State Employees, State Police and Highway Department Employees retirement benefits or pension *					
Federal retirement and pensions *					
Cash public assistance and relief (S	SI, etc.)				
Miscellaneous Income (Alimony, su compensation, loss of time insuran					
		Totals			
	Totals of Bot	n Incomes			

\* These sources are not reportable for World War 1 Veterans or their widows

Signature

Date

I certify, under penalties of false swearing, that the above information is true and complete and I hereby claim the sales tax exemption provided by Act 120 of 1983.

Important Note: This claim form is subject to audit, for tax purposes, by the Dept. of Finance and Administration.

## **RETURN THIS FORM TO YOUR ELECTRIC COMPANY**